



BOSTON INSPECTIONAL SERVICES DEPARTMENT

THOMAS M. MENINO
MAYOR

WILLIAM GOOD
COMMISSIONER

HOUSING INSPECTION DIVISION

RENTAL RE-INSPECTION REQUEST FORM (CBC 9-1.3)

SECTION 1 – BUILDING INFORMATION

I hereby request that the City of Boston inspect my Rental Unit to comply with City of Boston Ordinance 9-1.3

APPLICATION DATE: _____

I, _____, am the Owner/ Agent of the dwelling unit

Located at _____ APT#: _____

Number of units in building: _____ dwelling built prior to 1978 _____

SECTION 2 – OWNER INFORMATION

Building Owner's name: _____

Owner's address: _____

City: _____ State _____ Zip _____

Telephone number: (____) _____ - _____ EXT _____

FAX # (____) _____ - _____ EMAIL _____

SECTION 3 – AUTHORIZED AGENT

Owner's Agent's name: _____

Agent's Address: _____

Agent's telephone number: _____

Office number : _____ emergency 24-hr. number: _____

SECTION 4- OCCUPANT'S INFORMATION

Unit Occupied: YES _____ NO _____

Occupant (s) name: _____

Telephone number: _____ email _____

Rental date: ____/____/____ Lease term: Monthly ☐ Yearly ☐ Other ☐

Number of occupants: _____ Number of occupants under six years of age _____

OFFICE USE ONLY:

Received by: _____ Ward: _____ Amount Paid: _____

Appointment date & time: _____

FEE: \$50. Per unit for dwellings with 1 to 3 units

\$75. For dwellings with 4 units or more

** Housing of one (1) to six (6) units, one of which is occupied by owner are exempted